

## Index of Claims

Application No.

Examiner

Applicant(s)

D. Yee

Art. Unit

11742

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input type="checkbox"/>	N Non-Elected
<input checked="" type="checkbox"/>	I Interference

<input type="checkbox"/>	A Appeal
<input checked="" type="checkbox"/>	O Objected

Claim	Date
Final	
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